

# EMPLOYMENT APPLICATION for SUBSTITUTE HANDICAPPED CHILDREN'S ASSISTANT

Dept. of Employee Relations Room 706, City Hall 200 E. Wells St. Milwaukee, WI 53202-3554 (414) 286-3751 TDD (414) 286-2960 www.milwaukee.gov/jobs

### INSTRUCTIONS TO APPLICANT:

- 1. Please <u>PRINT</u> answers in <u>black ink</u> (for copying purposes).
- 2. Answer all questions. Credit may <u>NOT</u> be given for incomplete information.
- 3. Staple together all pages of your application before submitting.
- 4. DATE and SIGN on page 2.
- 5. Keep a copy of completed application materials for your files.

NT.			Do you currently live in the city of Milwaukee?		
Name Last	First	M.I.	Yes. When did you become a resident?		
Address			(month/year)		
Tradicis		Apt. #	☐ No		
·	· · · · · · · · · · · · · · · · · · ·		<b>NOTE:</b> City employees must live in the		
City	State	Zip Code	City. Residency proof will be required as		
Email:			stated under qualifications for the position applied for.		
Day phone: (	<u> </u>		List any other names by which you have been		
Evening phone: ( Cell phone: (	) -		known on official records:		
Cell phone: (	<u>,                                    </u>				
Are you 18 years of a	ge or older? □ Yes □!	No If unde	er 18, how old are you?		
			years months		
Due to limitations on empl	loyment of relatives, list the nam	nes and exact relations	hips of any relatives who are City of Milwaukee employees:		
Current possession	on of a valid CNA lic	ense is require	ed at time of application.		
Please list your CNA license number:					
Please list your C	NA license number:				
Please list your C		ATION AND TR			
Did you graduate from	EDUC	ATION AND TR			
Did you graduate from If Yes, Name and Loc Have you passed a hi	EDUCA m High School?  Yes ration of High School  gh school equivalency or	ATION AND TR  No List hi  G.E.D. Test?	ighest grade or year completed in school  Yes		
Did you graduate from If Yes, Name and Loc Have you passed a hi	m High School? Yes ration of High School igh school equivalency or chool (college or university,	ATION AND TR  No List his G.E.D. Test?  nursing, business cons S for semester house the constant of the consta	ighest grade or year completed in school  Yes		
Did you graduate from If Yes, Name and Loc Have you passed a hir Training beyond high so Under credits earned, in NAME AND LOCATION	m High School? Yes ration of High School gh school equivalency or chool (college or university, andicate Q for quarter hours of EULLOR DATES ATTEN	ATION AND TR  No List his G.E.D. Test?  nursing, business cons S for semester house the constant of the consta	ighest grade or year completed in school  Yes		
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DATE \_\_\_\_\_

OPEN RECORDS/PUBLIC INFORMATION  The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.  If you do not wish us to reveal your identity, please check the following box:
Are you legally authorized to work permanently for any employer within the United States? Yes \( \scale \) No \( \scale \)
There may be a possibility of employment with other organizations. If so, may we refer your name? Yes 🗌 No 🗌
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):
If you are CURRENTLY or were PREVIOUSLY employed by the City of Milwaukee, list the following:
Position Title Employee ID#
Department From (month/yr) to (month/yr)
<b>READ CAREFULLY BEFORE SIGNING</b> I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

SIGNATURE

# **RELATED WORK EXPERIENCE**

List below all of your experience and youth activities. Include experience in feeding, toileting and bathing handicapped individuals. Begin with your most recent experience and work back. DO NOT list periods of unemployment. Experience driving a school bus or transporting handicapped individuals is <u>not</u> considered to be qualifying experience. Leaving blank dates of employment or number of hours worked will result in rejection of your application.

Employer		Your Title	
From	То		Total Months
Number of hours per we	eek you worked	Reason for leaving	
Your Duties:			
Employer		Your Title	
From	To		Total Months
Number of hours per we	eek you worked	Reason for leaving	
From	То		Total Months
Number of hours per we	eek you worked	Reason for leaving	
Employer		Your Title	
From	To		Total Months
Number of hours per we	eek you worked	Reason for leaving	
V D ()			

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E.	Employer				Your Title		
	From		To		Total Months		
	Number of hour	s per week you work	xed	Reason for leav	ving		
	Your Duties:						
	, <del></del>						
Lis	t below any info	rmation not record	ed elsewhere ir	n this application	n which you	ı feel is releva	nt to this position

### TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodat	ions during the examination process?
Yes	No
If yes, what kind of accommodations will	you need?
The City of Milwaukee reserves the right to reques	t medical documentation to support the need for this accommodation.
SIGNATURE:	DATE:

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

# The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

### **MILITARY SERVICE**

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

- 1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
- 2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
- 3. Was honorably discharged from the U.S. armed forces.
- 4. Is eligible to receive federal veterans benefits.

## **Documentation Required**

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim ve	teran's preference po	oints based on the criteria li	sted above?
Yes	No		

SIGNATURE\_\_

# City of Milwaukee

# Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements. Your birthdate: \_\_\_\_\_ (Must be provided and will be used for conviction verification) NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. PLEASE PRINT Name: LAST FIRST MIDDLE Recruiting information: How did you FIRST hear about this job opening? (please check only one) 2. A. Milwaukee Journal Sentinel ☐ B. Other Newspaper (please specify) \_\_\_\_\_ C. City Hall Posting ☐ D. Library Posting E. Community Agency Posting (please specify) F. College or University Posting (please specify) G. From a City Employee ☐ H. From Someone who is NOT a City Employee ☐ I. Job Hotline Number (414-286-5555) ☐ J. Received Job Interest Postcard in mail ☐ K. Job Fair/Career Talk (please specify) L. TV (please specify station) M. Radio (please specify station)\_\_\_\_\_ ☐ N. www.milwaukee.gov/jobs O. Other internet site (please specify) P. OTHER (please specify) Sex (please check one): MALE\_\_\_\_\_ FEMALE\_\_\_\_ 3. 4. Race (please check one): ☐ Black/African American (not of Hispanic origin) Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin) ☐ Native American Indian/Alaskan Native Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa) 5. List any languages, other than English, which you speak FLUENTLY:\_\_\_\_\_\_ Certain Federal grant positions may require public housing development residency. Please complete the following if 6. you are currently living in a City of Milwaukee public housing development. I live in the \_\_\_\_\_ Housing Development. The above completed information is true to the best of my knowledge.